

We feel that it should be once again emphasized that death in diabetic coma comes from shock, ordinarily. Death may occur while the blood sugar and CO₂ combining power are both normal. We agree with Wiesel and Cohn and Schecter³ that adequate volumes of osmotically active solutions such as plasma should be given early and should be continued until blood flow and blood pressure are increased to normal and maintained. We also agree that prompt restoration of blood volume is almost as important as insulin and that, even though lack of insulin be the initiating factor in the series of events leading to the development of diabetic acidosis with peripheral circulatory failure, in treatment measures directed toward restoration of blood volume and adequate circulation should be instituted before, or simultaneous with, administration of insulin.

Our patient was given 500 c.c. of human plasma when, after twelve hours of intensive therapy, the blood pressure remained 60/30 and death appeared imminent.

317 West Pueblo Street.

REFERENCES

1. "Treatment of Diabetes Mellitus," Elliott P. Joslin—Lea and Febiger (Seventh Edition).
2. "Diabetic Coma," Greenberg, A., and Rhodes, A. J.—*Edinburgh Medical Journal* (June), 1942.
3. "Peripheral Circulatory Failure in Diabetic Acidosis and Its Relation to Treatment," Schecter, A. E., Wiesel, B. H., Cohn, C., *American Journal of the Medical Sciences* (Sept.), 1941.

CALIFORNIA INDUSTRIAL ACCIDENT FEE SCHEDULE*

HARTLEY F. PEART, ESQ.
San Francisco

IN view of the necessity of conserving time at this session, I would merely refer to our report for the year printed in the "Pre-Convention Bulletin" of the April issue of CALIFORNIA AND WESTERN MEDICINE, were it not for the fact that there is one item,—the fee schedule of the Industrial Accident Commission, that is of such importance as to demand a brief supplement. . . .

The fee schedule, as enforced today, was adopted by the Industrial Accident Commission in 1920 and became effective the first of June of that year, 24 years ago. It was a poor type of schedule, listing only 87 procedures and operations as against 543 procedures and operations falling within the jurisdiction of compensation, being the fee schedule adopted in 1913, nearly 30 years ago, with a 25 per cent raise in 1920, 24 years ago. The costs of physicians' instruments and appliances, rents and assistants, secretarial help and his education were far less then than they are today. Benefits under the Compensation

Act were also very much lower than they are today. Medical practice has made great advances in these 24 years.

The Association's application for a fair, adequate and compensatory fee schedule, covering the 543 operations and procedures embraced within this practice, was presented to the Commission during a public hearing on February 15, 1943, over 14 months ago. Under the direction of the previous Commission it had been reviewed by Dr. Harbaugh, Medical Director of the Commission, and it was presented with his approval. Later, the Commission, in a letter to Dr. Gilman, Chairman of the Council of the Association, said:

"If you could, as Chairman of the Council of the California Medical Association, undertake some fundamental and long-range program whereby uniform rates of medical fees are demanded and adhered to by the medical profession, with the necessary machinery for disciplinary action for infraction, etc., I feel that progress could be made, and our objections (to granting the application) may be largely overcome."

As set forth in our report, a canvas of the entire membership was undertaken by the Council. Between 75 and 80 per cent of the members, as well as non-member, practicing physicians, signed pledge-cards agreeing to adhere to the fee schedule as fixed by the Commission and to the ethics prescribed for this practice. At the close of last year, Dr. Gilman was able to notify the Commission that Mr. Scharrenberg's suggestion had been carried out.

Later, and since our report was submitted for publication in the "Bulletin," the Commission has appointed a committee consisting of physicians to examine the fee schedule, and to satisfy them on the attitude of the profession in the matter of enforcement of the rates established by self-discipline within the ranks. We know that the report of this committee made some weeks ago to the Commission was a favorable one. The Medical Advisory Committee of the Bureau of Vocational Rehabilitation of the Department of Education, we are reliably informed, is favorably considering the recommendation of the adoption of the schedule proposed for compensation work as the schedule of that Bureau. On March 28th last, Dr. Gilman wrote the Commission, requesting a decision so that such a decision could be reported to the members at this session. Dr. Gilman said:

"I need not review the various steps that have been taken by the Association either voluntarily or at your request since this application was filed. The records are clear on all of these points, and it is our sincere belief that we have taken all steps necessary to merit the favorable consideration by your Honorable Commission on our application.

"May I again request that your Honorable Commission come to a decision in the near future on the requested schedule of fees so that a decision may be reported to our annual session?"

* Address of Hartley F. Peart, Legal Counsel of California Medical Association, to C.M.A. House of Delegates, May 7, 1944, at Los Angeles. See also report in Pre-Convention Bulletin, CALIFORNIA AND WESTERN MEDICINE, for April, 1944, on page 166.

May I also respectfully express the hope that your decision may be such as to convince the physicians and surgeons of California of the fairness and justice of your action."

From the date it was filed, the Association's application has been bitterly and persistently fought by some insurance carriers, particularly the State-operated carrier, the State Compensation Insurance Fund and its management. The argument of some companies has been that to increase medical fees would require an increase of rates. This argument is not true and is unsound. Strangely enough, no accurate statistics are kept on physicians' services. It is lumped in with the medical, and then the medical is combined with compensation, and this figure is all included in "losses." There is no breakdown of the medical.

Another practice apparently has become established, namely, that mutual insurance companies must be in a position to rebate back to their insured a substantial portion of the premiums paid by the insured. This runs into millions of dollars annually so far as the State Fund is concerned. The validity of the argument of these insurance companies that the reasonable increase requested would necessarily mean an increase in rates is answered by a decrease ordered by the Insurance Commissioner, in the base rate of compensation insurance of 8 per cent. In response to our inquiry, Commissioner Garrison replied as follows:

"Dear Mr. Peart:

Confirming our telephone conversation, I am enclosing for your information a copy of the order made in connection with the reduction of minimum rates for Workmen's Compensation Insurance. For your information this reduction resulted from a survey of *close* experience, not only in California but throughout the United States. This survey indicated that the Workmen's Compensation losses experienced for the years 1941 and 1942 were within 11 and 12 per cent less than the provision for them in the rate. Having this in mind, we reduced the minimum rate 8 per cent and provided for the elimination of the overtime surcharge as an item in the premium. It is estimated that the elimination of this overtime charge will result in a two or three per cent additional reduction in the compensation rate.

(Signed) MAYNARD GARRISON,
Insurance Commissioner of
California."

The Committee, consisting of Dr. Cass of Los Angeles as Chairman, Dr. Frank McDonald of Sacramento and Dr. Carl Hodge who prepared the proposed fee schedule, has rendered valuable aid from time to time to the Committee charged with the presentation of the schedule to the Commission. This Committee consisting of Dr. Gilman, Chairman, Mr. Hunton and myself has worked very arduously for the past year and one-half on this matter.

I regret that it is necessary to make this report at this time.

111 Sutter Building.

NATIONAL MEDICAL LEGISLATION*

DWIGHT H. MURRAY, M. D.

Napa

YOUR speaker has been asked to explain a little more about the United Public Health League, what it is, why it is and why it differs from some other things. I first want to explain to you what the National Physicians' Committee is. The National Physicians' Committee is different from the United Public Health League, and I would like to tell you why. It has nothing to do with informing the Legislature in any way. The National Physicians' Committee is doing a great job on public relations. It is molding public opinion through various newspapers, through editorials, through the radio, and in many and diverse ways.

You have been contributing to the National Physicians' Committee, many of you, and probably all of you, and there is no reason, apparently, why that should not go on.

I have also been asked about Lake County, Indiana, and that plan is entirely different to what we have in mind. If you have read the letter, you will notice that they say there shall be a plan established by which they shall determine to whom and by whom medical care shall be rendered. That I feel we could not support. That is certainly against our ideas of the practice of medicine. The only thing in their plan that anywhere near parallels ours is the opening of an office in Washington for the purpose, as we are doing, of giving information to our legislators.

I hope I have made it clear then why it was necessary for the United Public Health League to be organized. After the adjournment of the California legislature in May we found it apparently increasingly necessary to pay more attention to national legislation.

The Wagner bill for socialized medicine was before us on June 3, 1943. We waited patiently for weeks for word from the American Medical Association as to how we should proceed in combating this bill. No word came, so we decided to undertake our own campaign, realizing how important was such and how much it meant to us. The aid of the Public Health League of California was enlisted. It notified all members of the medical, dental, hospital and allied professions about this bill and aroused them to action. Many of the California Congressmen were home for their summer vacations. These men were contacted by their home doctors and their aid enlisted in opposing this bill. As far as our California men were concerned this was very good and was very effective. We certainly want to thank those people who helped us so well. I especially want to mention the Woman's Auxiliary and the California Bankers Association.

* Address of Dr. Dwight H. Murray, chairman of Committee on Public Policy and Legislation of California Medical Association, to the C.M.A. House of Delegates, at Los Angeles, on May 7, 1944. For reference in minutes of House of Delegates, see CALIFORNIA AND WESTERN MEDICINE, for June, on page 295.